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CONFIRMATION NO. 7250

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|---|---|-------------------------------|---|--|---------------------------------|
| SERIAL NUMBER 10/655,861 | FILING OR 371(c) DATE 09/05/2003 RULE | CLASS 424 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. ALXN-PO1-102 | |
| APPLICANTS Yi Wang, Orange, CT; | | | | | |
| ** CONTINUING DATA ***** <i>R</i> This appln claims benefit of 60/408,571 09/06/2002 and claims benefit of 60/469,189 05/09/2003 ✓ | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>NONE R</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials | | STATE OR COUNTRY CT | SHEETS DRAWING 19 | TOTAL CLAIMS 44 | INDEPENDENT CLAIMS 17 |
| ADDRESS 28120 | | | | | |
| TITLE Method of treatment of asthma using antibodies to complement component C5 | | | | | |
| FILING FEE RECEIVED 4304 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |